



**Challenge TB India**  
**Year 2**  
**Annual Report**  
**October 1, 2015 – September 30, 2016**  
  
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**Cover photo:** Engaging parliamentarians to build political will and leadership for a TB-Free India.  
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## Table of Contents

1. Executive Summary .....	6
2. Introduction .....	9
3. Country Achievements by Objective/Sub-Objective .....	10
4. Challenge TB Support to Global Fund Implementation.....	26
5. Challenge TB Success Story .....	28
6. Key Challenges during Implementation and Actions to Overcome Them .....	31
7. Lessons Learnt/ Next Steps.....	32
Annex I: Year 2 Results on Mandatory Indicators as well as National Data on the Number of pre- /XDR-TB Cases Started on Bedaquiline or Delamanid.....	34
Annex II: Status of EMMP activities.....	42

## List of Figures

	Page No.
Figure 1    Assessment Report	10
Figure 2    Specimens tested under the project in the current project year	11
Figure 3    Facilities/providers linked to the project	12
Figure 4    Himachal Legislator meet	20
Figure 5    Himachal Legislator meet panel	20
Figure 6    Facebook page of Call to Action Towards a TB-Free India	23
Figure 7    Celebrity involvement in Social media	27
Figure 8    Medanta- Mission TB Free Haryana	27
Figure 9    TB survivors share their stories	28

## List of Abbreviations and Acronyms

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AIDS	Acquired Immune Deficiency Syndrome
BDQ-CAP	Bedaquiline Conditional Access Program
BMGF	Bill & Melinda Gates Foundation
C2A	Call to Action for a TB-Free India
CBCI	Catholic Bishops Conference in India
CME	Continuing Medical Education
CSR	Corporate Social Responsibility
CTA	Central Tibetan Authority
CTB	Challenge TB
CTD	Central TB Division
DLF	Delhi Land and Finance
FIND	Foundation for Innovative New Diagnostics
GoI	Government of India
HIV	Human Immunodeficiency Virus
IAPPD	Indian Association of Parliamentarians for Population and Development
ICT	Information and Communications Technology
ICTC	Integrated Counselling and Testing Centres
IIHMR	Indian Institute of Health and Medical Research
KNCV	KNCV Tuberculosis Foundation
LOI	Letter of Intent
MDACS	Mumbai District AIDS Control Society
MDR-TB	Multidrug-Resistant Tuberculosis
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
NACO	National AIDS Control Organization
NFM	New Funding Model
NGO	Non-Governmental Organizations
NMU	North Maharashtra University
NTP	National TB Program
PATH	Program for Appropriate Technology in Health
PMDT	Programmatic Management of Drug Resistance TB
PPIA	Private Provider Interface Agency
PR	Principal Recipient
PSU	Public Sector Undertaking
Rif	Rifampicin
RNTCP	Revised National Tuberculosis Control Program
RR-TB	Rifampicin Resistant Tuberculosis
RTs	Re-Tweets
TA	Technical Assistance
TB	Tuberculosis
TCIL	Transport Corporation of India Limited
The Union	The International Union Against TB and Lung Disease
USAID	United States Agency for International Development
WHO	World Health Organization

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## 1. Executive Summary

In India, Challenge TB (CTB) is implemented by The Union, PATH and FIND with The Union as the lead partner. The Union under CTB is supporting the Government of India's **Call to Action for a TB Free India** by enhancing political commitment & leadership, building comprehensive partnerships and mobilizing domestic resources to end TB in India. The Union is also assisting RNTCP to improve outcomes among DR-TB patients and supporting the roll out of Bedaquiline in 6 referral sites. FIND is working towards improving TB diagnosis among children by offering upfront GeneXpert MTB/RIF test, the new rapid molecular test for TB. PATH aims to demonstrate effective linkages between National AIDS Control Programme (NACP) and Revised National TB Control Programme (RNTCP) to reduce HIV burden among TB patients seeking care in the private sector. The PATH component of work is supported through PEPFAR funds.

### Call to Action for a TB-Free India (The Union)

Under the stewardship of Ministry of Health and Family Welfare, Challenge TB successfully engaged a wide range of stakeholders in the TB-Free India campaign including celebrities, parliamentarians, corporates and industries, media, and representatives of the private health sector, research and academia, and the affected community.

- Noted Bollywood celebrity Mr Amitabh Bachchan came on board as a brand ambassador for the TB-Free India campaign. For the first time, he revealed himself as a TB survivor talking about his own struggle with the disease and offering to help in all possible ways to spread awareness and reduce the stigma associated with TB.
- Challenge TB (CTB) collaborated with the Indian Association of Parliamentarians for Population and Development (IAPPD) to sensitize more than 30 parliamentarians and 31 legislators from the state of Himachal Pradesh on TB. As a consequence of this, "TB Free Himachal" initiative was launched where the state Chief Minister announced free nutritional support to patients suffering from Multidrug-Resistant TB (MDR-TB), and urged local actions through the local governance structure, the Panchayati Raj Institutions.
- Leading corporates and Public Sector Undertakings (PSUs) joined hands and committed resources (estimated at US \$3 million) for a TB-Free India. Five corporate houses - National Thermal Power Corporation, DLF Foundation, TCI Foundation, Jubilant Bhartia and Johnson & Johnson announced their commitment to implement workplace interventions and support TB prevention and care efforts as a part of their corporate social responsibility (CSR) initiatives. More than 10 corporates signed letters of intent (LoIs) to incorporate TB awareness and screening activities in their CSR health interventions.
- Media roundtable and group discussions were held with journalists from leading publications & media houses viz. Mint, NDTV, Asian Age, *Dainik Bhaskar*, Down to Earth, DNA and Hindustan Times on issues of TB. This led to increased visibility of TB issues (361 articles this year), including TV programmes, articles and opinion/editorials in print media.
- CTB launched social media channels - Facebook page (200,000 followers), twitter account (4,741 followers) and Youtube channel - to engage a wide range of stakeholders and influencers. The cascade effect resulted in increased visibility of TB in social media (increased fan base, tweets, likes of posts).
- Medanta - the Medicity (a large multi-specialty hospital) launched Mission TB Free Haryana in partnership with CTB and the Government of Haryana state. Dr. Naresh Trehan, a noted cardiologist and Managing Director of Medanta, emerged as a Champion for TB and announced the scale up of their mobile van intervention from one district to the rest of the state in a phased manner. The mobile van, equipped

with a digital x-ray and a team led by a pulmonologist, visits peripheral health centres based on a pre-scheduled roster. The project thereby provides free chest x-ray services close to the homes of presumptive sputum smear-negative patients who would otherwise be unable to avail of such services. It is currently operational in six of the 22 districts of Haryana, namely Mewat, Gurugram, Palwal, Faridabad, Jhajjar and Rewari, covering approximately 29% of the total population of Haryana. This intervention has resulted in 974 patients who were sputum negative being diagnosed for TB in the last 9 months amongst 3899 patients examined.

- CTB reached out to academic institutions at the central and state levels, with public health departments, social work and encouraged them to mainstream TB in their curriculum and promote research on TB. LoIs were signed with North Maharashtra University (NMU) and International Institute of Health Management & Research (IIHMR) to integrate research for new diagnostics, and TB awareness into their work. NMU committed to carry out TB awareness and screening activities in five villages.

### **Introduction of New drugs and support to PMDT (The Union)**

CTB supported the roll out of Bedaquiline (BDQ) in six sites in the country. A total of 56 patients have been initiated on BDQ containing regimens as of 30<sup>th</sup> September 2016. The Government had set a target of 600 patients for BDQ till 2017. The enrollment of patients is expected to move fast in the coming quarter as the Government after consultation with the Expert Committee has relaxed technical guidelines for eligibility of patients for Bedaquiline. The Government also plans to roll out BDQ in many more sites in the coming year. CTB will continue to support the government's efforts in 20 sites in 2017.

### **Improving the diagnosis of children with TB (FIND)**

During APA2, the Paediatric project to improve the diagnosis of TB in children using GeneXpert was extended from four to nine cities; three cities were added in Q3 & another two in Q4 of the year. Key achievements during the period are listed below:

- A total of 30,963 presumptive paediatric TB cases were provided upfront access to Xpert testing across nine project sites, detecting 2,146 (6.9%) paediatric TB cases of which 185 (8.6%) were rifampicin resistant; positivity on microscopy was 1.6%, indicating a four-fold higher detection rate on Xpert than on sputum microscopy.
- 4,368 providers were reached through one-to-one meetings and Continuing Medical Education (CMEs). Facilities/ providers linked to the project increased from 272 to 747 during the year- from 90 to 395 in the private sector, and 182 to 352 in the public sector.
- The number of children tested increased more than two-fold: from 15,345 in year 1 to 30,963 in year 2. Monthly project work load increased from an average of 1,279/month in year one to 3,315/month in the last quarter of year 2.
- In spite of the increase in workload, the key project performance parameters were maintained. Valid results were provided to 99.8% of the cases by ensuring retesting of initial test failures. For 91.6% of the cases enrolled, specimens were transported, tested and results reported to providers within 24 hours of collection.
- For 30,963 presumptive paediatric TB cases, 33,942 specimens were tested, of which 56.4% were non-sputum specimens. While the positivity on different specimens' types varied- highest positivity was observed in pus/ Fine Needle Aspiration Cytology (FNAC) specimens (34.7 % (279/805)). Of the specimens tested, positivity was 4.9% (673/13,665) for Gastric Aspirate/Gastric Lavage (GA/GL), 6.7% (997/14797) for sputum, 6.5% (130/2017) for Cerebrospinal Fluid (CSF) and 11.3% (80/710) for Broncho Alveolar Lavage (BAL).
- Of the total TB cases diagnosed under the project, treatment initiation information is available for 84.9% patients so far. This proportion is likely to increase over the next few weeks as data on cases diagnosed in the last few weeks of Sept'16 are collected.

- Necessary analytical underpinnings to document the project lessons learned have been undertaken (details in section 3).
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### **HIV screening and referral of patients diagnosed with TB in the private sector in Mumbai (PATH)**

PATH aims at reducing HIV burden among TB patients seeking care in the private sector. This activity has been supported through PEPFAR Funds. The project also aims to demonstrate effective linkages between National AIDS Control Programme (NACP) and Revised National TB Control Programme (RNTCP) as per the proposed Public Health Action policy for HIV testing among TB patients notified from private sector. The project succeeded in establishing a network of private practitioners offering free HIV screening to diagnosed TB patients through quality assured private HIV testing laboratories (engagement with NACP facilitated by PATH). PATH has synergized its Challenge TB project with other projects being implemented through the Bill and Melinda Gates Foundation (BMGF) and Municipal Corporation for Greater Mumbai (MCGM) collaboration by providing linkages for TB diagnosis, treatment, nutritional support and treatment adherence support for TB patients. Key achievements:

- For the first time in Mumbai, the project has engaged 58 doctors working in 24 private healthcare facilities for HIV screening among TB patients. The intervention has improved HIV screening uptake of TB patients treated by private providers. So far, 2,295 TB patients have been screened from April 2016 to September 2016 free of cost, using rapid HIV diagnostic tests. A total of 36 (1.6%) patients screened positive for HIV and were referred to HIV care at the nearest linked Integrated Counseling and Testing Center (ICTC).
- The intervention improved access to HIV screening services among TB patients by private sector engagement model in 13 high slum population wards of Mumbai covering a population of 7.5 million. Linkages have been established between the private facilities and Integrated Counseling and Testing Center (ICTC) (under Mumbai District AIDS Control Society ,MDACS) to ensure smooth referral of patients for further counseling and HIV confirmation testing. Under the program, 34/36 (95%) patients have been referred to the ICTC for HIV care.
- In order to improve disease surveillance, PATH established a data sharing mechanism between 23 of the 24 engaged private facilities and the local Government (MDACS). This was achieved by signing MoUs between private facilities and MDACS as Facility Integrated Counseling and Testing Centers (F-ICTC) as per Model C (data sharing model) of National AIDS Control Organization (NACO) guidelines.
- PATH improved the capacity of the engaged private laboratories by conducting a training workshop for 55 private laboratory technicians in collaboration with National Reference Laboratory and MDACS for quality assurance of HIV testing and documentation in private sector.



## 2. Introduction

The Global TB Report released by WHO on 13 October 2016 provides updated estimates for India based on new surveillance and survey data. The TB epidemic is larger than previously estimated and India now accounts for more than a quarter of the global TB incidence, and more than a third of annual deaths. The 2015 estimate of incident TB in India is 2.8 million cases, which contrasts with the 2014 estimate of 2.2 million incident cases. TB deaths in India in 2015 have now been revised to 480,000 deaths, more than double the 2014 estimate.

If left unchecked, TB can become India's most serious health crisis, acting as an obstacle to India's economic and developmental progress in the years to come. It is imperative that India takes strong, coordinated multi-sectoral action and addresses issues of TB prevention, diagnosis, access to treatment and support in the coming years. The National Strategic Plan of the RNTCP (2012-2017) lays out the strategies towards achievement of the long-term vision of a "TB-free India", with an overall objective to ensure universal access to quality assured diagnosis and treatment for all TB cases in the community.

**Challenge TB in India:** Challenge TB is the flagship global mechanism for implementing the United States Agency for International Development's TB strategy as well as contributing to TB-HIV activities under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). USAID awarded the Challenge TB project to a coalition of nine partners with KNCV as the prime recipient in September 2014. The Union is the lead partner for Challenge TB in India; other collaborating partners include KNCV, FIND and PATH.

- **The Call to Action for a TB-Free India (Lead: The Union)**

The "Call to Action for a TB-Free India" (C2A) is working at the national level and aims to mobilize a wide range of stakeholders to demand and sustain high-level domestic commitment to end TB in India; and to tap the energy and influence of key stakeholders to drive political, administrative, and technical solutions to specific barriers affecting TB prevention and care in India. In addition to the C2A campaign, The Union is supporting the government's Bedaquiline conditional access program in six hospitals across India.

- **Accelerating access to quality TB diagnostics among pediatric patients (Lead: FIND)**

FIND is providing access to quality TB diagnosis among pediatric populations in 9 cities (Delhi, Bengaluru, Chennai, Kolkata, Hyderabad, Vizag, Surat, Nagpur and Guwahati) in India. The project presents a scalable model with a centralized GeneXpert laboratory to cater to the designated pediatric TB suspect population in the target geographies by engaging public and private sector providers using a rapid specimen transport system. The project has been advocating for adoption of this model by the RNTCP and helping in adapting the learnings from this project in formulating operational guidelines to expand to more cities across the country.

- **HIV screening and referral of patients diagnosed with TB in the private sector in Mumbai (PATH)**

PATH is implementing a Private Provider Interface Agency (PPIA) intervention in 15 high TB risk municipal wards in Mumbai. This activity is supported through PEPFAR funds. Under the intervention, PPIA has networked with private healthcare facilities including MBBS (Bachelor of medicine, Bachelor of surgery) and non-MBBS providers, hospitals, laboratories, and

chemists to provide free or highly subsidized diagnostic and treatment services using a voucher mechanism.

The intervention leverages the existing private healthcare facilities engaged via PPIA intervention to provide HIV screening tests to patients diagnosed with TB, appropriate guidance and counseling to HIV suspects and linkage to the public sector for confirmatory HIV tests and subsequent treatment. For training and capacity building of counselors and private laboratories, PATH has collaborated with the Maharashtra District AIDS Control Society (MDACS).

### 3. Country Achievements by Objective/Sub-Objective

#### Objective 1. Improved Access

##### Sub-objective 1. Enabling environment

Under this sub-objective, Challenge TB (CTB) conducted an assessment of the existing TB services among the Tibetan communities to inform establishment of systems that ensure early diagnosis and treatment.

##### Key Results

- The assessment was completed in three sites in North India (Dharamshala, Bir and Dehradun), and two sites in South India (Mundgod and Byallakuppe). The report was finalized following a series of discussions with the Tibetan Department of Health of the Central Tibetan Administration (CTA) and the Tibet Fund.
- Recommendations: Given the high burden of both drug-sensitive and drug-resistant TB in the Tibetan population, interventions aimed at early diagnosis and treatment through active case finding and contact tracing, following diagnostic algorithms that allow for using GeneXpert as the first line diagnostic test needs to be scaled up. Airborne infection control measures at the facility and community level is another priority, as half of the population lives in congregate settings, such as monasteries, nunneries and hostels. Other recommendations include capacity building of all cadres of health staff on various aspects of MDR-TB management with specific modules in the Tibetan language, adoption of uniform diagnostic and treatment algorithms, recording and reporting system, and improved linkages with local RNTCP facilities.
- To build collaboration, reporting and coordination between the Tibetan health department and RNTCP, CTB will facilitate a workshop with the National programme and Tibetan Department of Health in Year 3. Also, a customised MDR-TB course is being planned for Tibetan doctors and nurses.

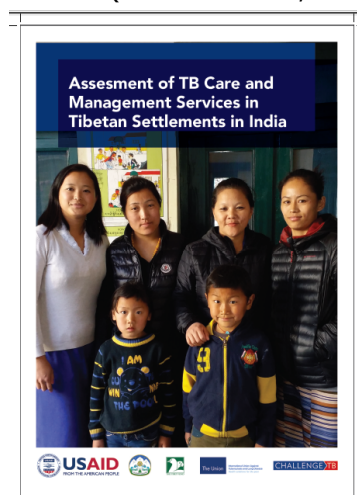


Figure 1. Assessment Report

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y2	Y2
1.1.5	Assessment report: Availability of TB services in Tibetan settlements in India		N/A	Final Report	Completed

### Sub-objective 2. Comprehensive, high quality diagnostics

The FIND implemented paediatric TB project is providing a comprehensive diagnostic solution for paediatric TB under the guidance of RNTCP. The project interventions have been scaled up to additional 5 cities, with 3 sites starting in Q3 and additional 2 in Q4 of the project year, bringing the total to nine sites/cities.

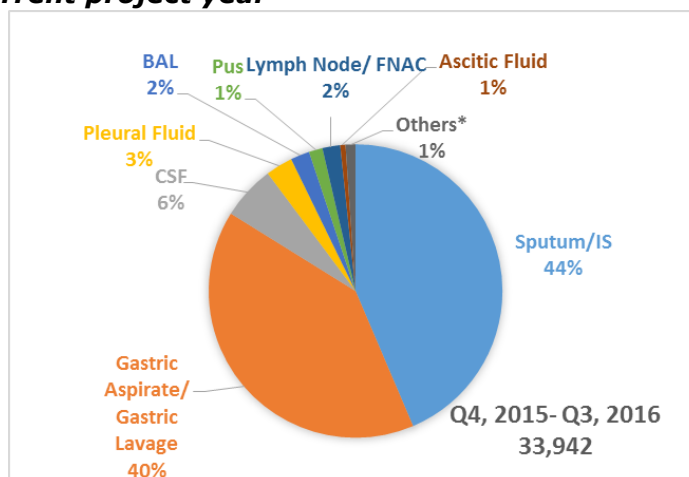
### Key results

- Since the initiation of the project in April 2014, approximately 53,040 paediatric presumptive TB cases have been provided upfront Xpert testing under the project. For the first time under RNTCP, both sputum and extra-pulmonary specimens were tested on Xpert; a significant shift with majority of specimens tested being non-sputum. Figure 1 illustrates types of specimens (33,942) tested in 2<sup>nd</sup> year of project.

**Figure 2. Specimens tested in the current project year**

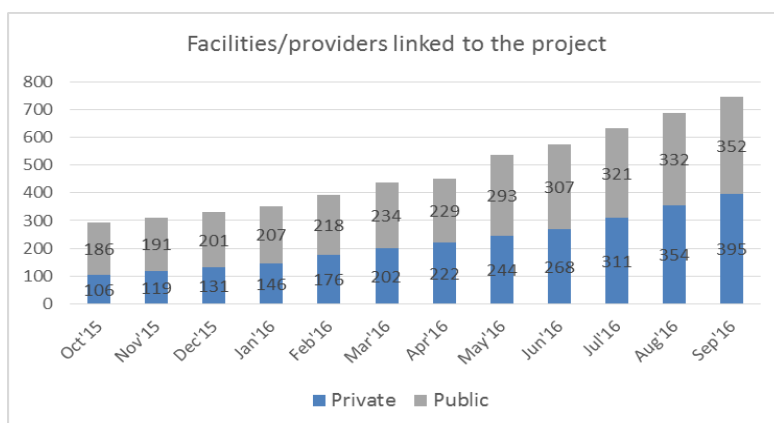
*Others: Abscess, bone, bone marrow, cervical aspirate, chyle fluid, cystic fluid, ET secretion, Knee aspirate, Nasal Aspirate, Pericardial Fluid, Peritoneal Fluid, Pleural Biopsy, Rectal Biopsy, etc.*

- A large number of CMEs and outreach activities were organized, leading to approximately 2.5 times increase in the number of the providers engaged under the project. Figure 3 shows the number of linked facilities/providers over the period of 1<sup>st</sup> Oct '15 -30<sup>th</sup> Sept'16.



**Figure 3. Facilities/providers linked to the project**

- Total of 2,146 TB cases were detected with Xpert, of which 185 (8.6%) were diagnosed as MDR-TB. The number of MDR-TB cases notified by the project increased by 81.3% (185 vs. 102) as compared to year one.
- The project facilitated prompt access to quality diagnostic services with 92% of patients' specimens transported, tested and results reported to providers *within 24 hours of collection*. Of the total diagnosed TB cases, approximately 85% have been confirmed to be accessing treatment.
- Necessary analytical underpinnings to document the lessons learned have been undertaken.
  - Qualitative data: unique information capturing health seeking pathways of paediatric TB patients from parent's purview and depicting providers' perception is being collected which would be published in scientific journals. The data collected are expected to provide valuable insight into health system pathways.
  - Quantitative data: data collection and various analytic exercises using project data is underway e.g. Xpert performance on different types of specimen, turnaround time, intervention's impact on TB and DR-TB detection rates, impact of various advocacy initiatives under the project on catalyzing incremental project and testing uptake in public and private sectors.



#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y2	Y2
2.4.3	MTB positivity rate of Xpert test results	<b>Description:</b> This indicator measures MTB positivity rate of Xpert test results <b>Indicator Value:</b> Percent <b>Level:</b> National and Challenge TB geographic areas <b>Numerator:</b> Number of MTB positive samples <b>Denominator:</b> Total number of samples from suspected TB cases tested using Xpert test (excluding invalids, errors, no results).	7.61%	8%	6.95%  (2146/30894)
2.4.4	Rifampicin resistance rate of Xpert test results	<b>Description:</b> This indicator measures rifampicin resistance rate of Xpert test results <b>Indicator Value:</b> Percent <b>Level:</b> National and Challenge TB geographic areas <b>Numerator:</b> Number of	9%	8%	8.62%  (185/2146)

		rifampicin resistant samples <b>Denominator:</b> Total number of samples from cases tested using Xpert test (excluding invalids, errors, no results).			
2.4.5	% unsuccessful Xpert tests	<b>Description:</b> This indicator measures proportion of unsuccessful Xpert tests Indicator Value: Percent <b>Level:</b> National and Challenge TB geographic areas <b>Numerator:</b> Number of unsuccessful Xpert tests <b>Denominator:</b> Total number of Xpert tests.	1.2%	1%	0.22%  (69/ 30963)
2.4.6	# of new TB cases diagnosed using GeneXpert			3500	2146
2.4.8	# of patients getting diagnostic test with GeneXpert	<b>Description:</b> This indicator measures absolute number of suspects receiving Xpert test under the project Indicator Value: Absolute number <b>Level:</b> National and Challenge TB geographic areas <b>Numerator:</b> NA <b>Denominator:</b> NA	15000	40000	30963 There was a delay in the signing of MOU and fund release. We got the MOU in place in Q2 of the project year, which led to delay in initiation of activities at new 5 project cities. This has led to the number of cases tested being below target.
2.4.9	% of TB patients diagnosed using GeneXpert residing within project area, initiated on treatment	<b>Description:</b> This indicator measures proportion of cases initiated on treatment Indicator Value: Percentage <b>Level:</b> National and Challenge TB geographic areas <b>Numerator:</b> Number of TB and Rif resistant TB cases initiated on treatment during reporting period <b>Denominator:</b> Total number of TB and rif resistant TB cases		85%	84.9%  (1823/ 2146)

		diagnosed under project during reporting period			
2.4.10	# of referring health facilities linked per diagnostic centre	<b>Description:</b> This indicator measures proportion of referring facilities linked to the diagnostic lab Indicator Value: Percentage <b>Level:</b> National and Challenge TB geographic areas <b>Numerator:</b> increase in number of linked facilities during reporting period <b>Denominator:</b> number of linked facilities during baseline phase	216	500	747
2.6.1	Average turnaround time from specimen collection/submission to delivery of results to the patients		3 days	1 day	1 day
2.6.2	% of laboratory results disseminated via m-health or e-health system to provider		100%	100%	100%

### Sub-objective 3. Patient-centered care and treatment

**Activity:** Technical assistance and support to the RNTCP for strengthening PMDT, including inclusion of new drugs, such as Bedaquiline, for treatment of DR-TB.

#### Key results:

- Bedaquiline has been made available through the Conditional Access Programme (CAP) at six sites across India. These sites are at the DR-TB centers – two in Delhi and one each at Ahmedabad, Chennai, Mumbai and Guwahati.
- CTB extended support to the six BDQ sites with provision of human resources (10 BDQ Consultants hired). Essential investigations and equipment (such as ECG machines), critical for initial evaluation and follow up of the patients on Bedaquiline was also provided. CTB jointly organised three reviews with the Central TB Division to ensure quality implementation of the access programme.

S.No	Name of the review	Date, Location
1	Meeting to review site preparation to roll out BDQ CAP under PMDT RNTCP	ICMR, Ansari Nagar, New Delhi
2	High level Review of TB situation in Sikkim and meeting to review tuberculosis situation of the state Sikkim on 4.7.2016	3 to 6 July, Sikkim 4 July, European Commission Hall, STNM, Gangtok, Sikkim
3	Joint meeting on progress & plans of TB control activities in Mumbai	16 September, Hotel Vivanta President, Mumbai

- A total of 56 patients have been enrolled on BDQ-containing regimen by 30 September 2016. Initially, the enrollment was slow due to stringent eligibility criteria for BDQ. These were relaxed after an Expert Committee meeting in August 2016 to allow for enrollment of more patients. 600 patients for BDQ was set as target till 2017.
- A PMDT Unit at the Central TB division was proposed. However, this process has been delayed due to the Government directive restricting hiring of technical consultants with support from external agencies. This matter is still being resolved with the Government of India (GOI).

**Activity:** TB patients diagnosed in the private sector to be screened for HIV on rapid diagnostic test.

PATH leveraged the existing Private Provider Interface Agency (PPIA) funded by the Bill & Melinda Gates Foundation to increase access to HIV counseling and testing. Building upon PPIA's existing network and services, PATH incorporated HIV screening, counseling and referrals to public sector testing centers-ICTC, to HIV positive TB patients, under USAID's CTB project. Under this project, linking counselors and field officers facilitated testing of TB patients for HIV at the point of care (private hospitals where they were treated for TB) and further linked positive patients to the public sector's Integrated Counseling and Testing Centers (ICTC). PATH engaged the private hospitals to simultaneously begin the HIV testing services. Further, PATH facilitated the affiliation for each of the 23 private facilities as F-ICTCs under MDACS as per the Model C (Data sharing) of MDACS through which all the TB/HIV positive patients screened for HIV in private sector were notified in the national data systems.

As a result of CTB's rigorous field operations, PATH screened 2,295 (60%) TB patients for HIV in the private sector (out of 3,900 TB patients who initiated treatment) from 24 private hospitals. (compared to target of 1600 set in Y2) Of those, 1.6% (36/2295) patients tested positive and all the patients were provided post-test counseling (PTC) and further linked to the nearest ICTC. The link counselor followed up with each of the positive patients within 24 hours to provide PTC and booked an appointment for the patient with the lab technician for a confirmatory test (sequential testing by three different techniques) at the ICTC nearest hospital. As a result, the patients were provided support for getting the confirmation test from ICTC with minimal delays. Hence, a smooth network was established between the private hospital for screening the TB patient and linking the positive patient to the ICTC in the public sector.

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target Y2	Result Y
3.1.1	Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender,	Number of patients diagnosed of Tuberculosis in the 24 engaged private hospitals. These numbers are obtained through the data base of ongoing Private Provider	<b>National level(Annually):</b> Total TB cases notified in 2014: 1,443,942 • Of total, cases notified by private sector = 106,414 (7%) • Of total, cases notified by public sector outside of RNTCP=9,900 (0.7%)	1,650,000 (RNTCP NSP target)	National:  CTB areas: Children: 2,146  Private providers: 3900 Source: PPIA

	children, miners, urban slums, etc.) and/or case finding approach	Interface Agency (PPIA) project in Mumbai	PATH baseline: 396 (October – December 2015)		
3.1.4.	Number of MDR-TB cases detected	Number of Rifampicin resistant cases diagnosed through CBNAAT from 24 sites via PPIA project	<b>National level(Annually):</b> Total no. of MDR-TB cases detected in 2014= 24073. Source: Annual report RNTCP 2015 (Note: information on bacteriologically diagnosis is not available)  <b>PATH project sites:</b> 109 (July-Sept 2015)	PATH project sites : 160	PATH project sites: 676  Source: PPIA
3.1.5.	#/% health facilities implementing intensified case finding (i.e. using SOPs)	Number of private hospitals/clinics/laboratories conducting TB-HIV testing for screening the TB diagnosed patients for HIV	<b>Not available</b>	24	24
3.2.1	Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	Number of TB patients completed 6 months of first line treatment for TB. This includes those patients who initiated treatment between Oct'15 and Dec'15.	<b>National level(Annually):</b> No. TB cases successfully treated (all form) = 1084185 (88.3%); Source: RNTCP annual report 2015.	<b>National level(Annually):</b> 88% (RNTCP NSP target)	National: CTB: 978  Source: PPIA adherence database
3.2.4	Number of MDR-TB cases initiating second-line treatment	Number of drug resistant cases initiated on treatment out of the 496 diagnosed DRTB patients (between Jan 2016 to October 2016)	<b>National level(Annually):</b> 30,000 (RNTCP NSP target)	NA	286  Source: PPIA DRTB adherence database



3.2.6	INDIA SPECIFIC (new as of Q2): Number of TB patients tested for HIV	Number of new and relapsed Tuberculosis diagnosed patients screened for HIV through rapid diagnostic test	NA	<p>End year targets for HIV testing in 24 private facilities under CTB-PATH:</p> <p>PATH project sites:  <i>By gender:</i>  Male=770  Female= 830</p> <p><i>By Age:</i>  5-9 years=15  10-14 years=97  15-19 years=130  20 and above=1358</p> <p><i>HIV status:</i>  HIV positive=82  HIV negative=1518</p> <p><i>Total TB patients tested for HIV: 1600</i></p>	<p>Number of TB cases screened for HIV in 24 private facilities under CTB-PATH:</p> <p><i>By gender:</i>  Male=1017  Female= 1217</p> <p><i>By Age:</i>  0-5 years=5  5-9 years=14  10-14 years=123  15-19 years=415  20 and above=1738</p> <p><i>HIV status:</i>  HIV positive=36  HIV negative=2259</p> <p><i>Total TB patients tested for HIV: 2295</i></p>
3.2.5	INDIA SPECIFIC: # of sites offering BDQ to DR TB Patients		0	6	6

### Sub-objective 7. Political commitment and leadership

In Year 2, Challenge TB (CTB) focused on increasing political will and leadership and strengthening partnerships for a TB-Free India through multi-stakeholder engagement. The project will transition in Year 3 to focus on MDR TB but will continue to provide technical assistance to corporates and other partners (Rotary etc.) who have committed support for Call to action for a TB Free India.

## Key results

### I. Partnerships with key stakeholders

- **Challenge TB partnered with Rotary National TB Control Committee India.** CTB mobilized civil society to highlight the need to combat TB and co-morbidities with HIV, Diabetes and Tobacco use and urged them to play a strong role in reaching out to vulnerable and high-risk TB populations. Rotary India, known for its contribution in polio elimination in India, has partnered with Call to Action to fight against TB in India. Rotary has 36 districts and 3500 clubs across country. Rotary will be supporting the TB program in creating awareness, sensitizing private doctors, and providing support to the needy TB patients through resource mobilization through Rotary clubs and members in the country.

Mr Y. P. Das, Chair, Rotary India National TB Control Committee said, *"In the past, Rotarians across the country have supported the government, health workers and international organizations achieve critical goals such as the elimination of polio, and today we reiterate our commitment to end the TB epidemic. I am convinced that with passion and commitment in our fight against the disease, TB will soon be a thing of the past for us."* He added, *"We have the resources and we have the commitment, the Rotarians present here will take the message down to each of the 3400 clubs. We must do what we as Rotarians can do to make India a TB-Free country."*

- **Medanta - the Medicity, a well-known large corporate sector multi-specialty hospital launched Mission TB Free Haryana.** Advocacy efforts with the private health sector resulted in the launch of "Mission TB-Free Haryana" by Medanta the Medicity in partnership with the Government of Haryana. Two 'TB-Free Haryana mobile vans' equipped with digital X-ray machines and staffed with a doctor, nurse and an X-ray technician were flagged off by Mr. Amitabh Bachchan (a TB champion and Bollywood celebrity), Mr. Richard Verma, US Ambassador, and Chief Minister of Haryana Shri M L Khattar on 20 November 2015. Dr. Naresh Trehan, a noted cardiologist and Managing Director of Medanta, emerged as a Champion for TB and announced the scale up of ongoing mobile van pilot (1 district) to rest of the Haryana (21 districts) in a phased manner. The mobile van intervention is operational in six districts of Haryana, namely Mewat, Gurugram, Palwal, Faridabad, Jhajjar and Rewari and currently covers approximately 29% of the total population of Haryana. This intervention has resulted in 974 patients who were sputum negative being diagnosed for TB in the last 9 months amongst 3899 patients examined.
- **Leading Corporates pledged CSR support for a TB-free India.** Five corporate houses - National Thermal Power Corporation, DLF Foundation, TCI Foundation, Jubilant Bhartia and Johnson & Johnson announced their commitment to implement workplace interventions and support TB prevention and care efforts as a part of their corporate social responsibility (CSR) initiatives. They will be implementing programmes targeting miners, prisoners, truck drivers, migrant workers, urban slum dwellers, construction workers and rural communities, committing resources worth an estimated 3 million US dollars.
- Mr. Ratan Tata, Chairman of Tata Trusts, participated in the Mumbai Dialogue organized by CTB and committed support for a TB-Free India. The Tata Trusts in collaboration with The Global Fund launched the India Health Fund to combat TB and Malaria in India signifying Tata's commitment towards ending TB in the country.

- As a result of CTB's outreach with corporates, Pharma giants Lupin and Eli Lilly committed resources to support TB prevention and care activities, and transport companies such as Eicher and Maruti expressed interest in supporting health and safety programs for drivers and truckers. Ambuja Foundation, Larsen & Toubro, Crompton Greaves, DHFL, 63 Moon technologies, IL&FS, Essar, Dr. Reddy Labs and JV Glocal formalized their commitment to the cause by signing Letter of Intent (LoI) with CTB. The corporates will integrate TB screening and awareness activities in their CSR health interventions.
- **CTB engaged Research and Academia for a TB-Free India.** CTB reached out to central universities and state level universities with departments specializing in public health and social work and encouraged them to mainstream TB in their curriculum, promote research on TB, and promote student involvement & action in raising TB awareness. **CTB partnered with International Institute of Health Management & Research (IIHMR) and North Maharashtra University (NMU).** NMU implemented TB screening and awareness activities in five adopted villages where students performed street plays and sensitized Panchayati Raj (village-level) institutions and key village opinion leaders on TB and local doctors visited the villages and screened the population for TB. Seven universities, along with Tata Institute of Social Sciences (TISS), International Institute of Population Sciences (IIPS), National AIDS Research Institute (NARI), National Institute of TB and Respiratory Diseases (NIRTD) joined hands to support Call to Action towards a TB-Free India.
- **Celebrity and media engagement for increased visibility. Mr. Amitabh Bachchan engaged as a TB survivor and patient advocate.** He supported the campaign by addressing media, appearing in key events and appealed to key stakeholders to come on board and take action for a TB-Free India. Mr Amitabh Bachchan tweeted, posted on Facebook and also talked about his association in his blog. Being a cured TB patient himself, Mr. Bachchan helped in addressing the huge problem of stigma associated with the disease, by lending his voice as a survivor. As a result of CTB's engagement, one of the most recognized faces in India has come out as a patient advocate to represent and support the cause and reach the unreached.
- **CTB conceptualized a radio and social media campaign** with messages for identifying symptoms of TB, importance of treatment completion and calling on stakeholders to join the campaign. The team approached Mr. Bachchan and requested him to lend his voice to the campaign. Mr. Bachchan agreed to do this *pro bono*. The radio and social media campaign was launched by the Minister of Health and Family Welfare Shri J P Nadda in an event organized by WHO on World TB Day 2016. Mr Bachchan's post on the 'Call to Action for a TB-Free India' Facebook page has so far reached 611,000 people and generated 60,000 reactions, comments and shares.
- **Partnership with media channels.** CTB partnered with Radio Mirchi 98.3 FM to share messages of TB survivors and raise awareness in Delhi and Mumbai. TB survivors (Patient Advocates) shared stories of their personal battle with the disease. Their voices were played along with radio messages from Amitabh Bachchan on recognizing symptoms and completing treatment to prevent drug-resistant TB. Corporate leaders and champions also reiterated their commitment towards a TB-Free India. Media roundtable and group discussions were held with journalists from leading publications & media houses viz. Mint, NDTV, Asian Age, *Dainik Bhaskar*, Down to Earth, DNA and Hindustan Times on issues of TB. This led to increased visibility of TB issues (361

articles this year), including TV programmes, articles and opinion/ editorials in print media.

- Knowledge and communication products (78 nos.) viz. brochures, flyers, factsheets, message map, illustrations, photo stories, digital media messages, testimonies, branding collaterals etc. developed by Call to Action helped increase visibility of TB and related issues amongst various stakeholders.
- **CTB also signed a Letter of Intent with 'Community Radio Association (CRA)'** – a consortium of operational community radio stations in India- to reach the unreached. The key elements of the partnership include: facilitating content development on TB; and, integrating TB as a theme in the radio programs of community radio networks, and enabling effective community outreach.
- **Challenge TB launched social media channels.** A Facebook page, Twitter account and Youtube channel to engage a wide range of stakeholders and influencers was launched. Social Media accelerates efforts in promoting awareness and mobilising action from different stakeholders for a TB-Free India. The social media handle (<https://www.facebook.com/ForTBFreeIndia>) gathered more **than 200,000 followers on Facebook.** **A Youtube Channel** (<https://www.youtube.com/channel/UCKhBWecsMDL90UAxvIMG-Jw>) **was launched** to highlight the involvement of TB Champions, Opinion Leaders, Patient voices; stakeholder consultations, corporate partnerships and media collaborations.

## **II. Advocacy with policy makers**

- **CTB partnered with Indian Association of Parliamentarians for Population and Development (IAPPD)** to reach out to parliamentarians, members of legislative assembly and garner their support to the vision of a TB-Free India.
- **Sensitization of more than 25 parliamentarians.** 25 Members of Parliaments from both upper and lower houses of the parliament were sensitized on the issue of TB. MPs pledged their support and commitment to (i) Raise TB questions in Parliament, (ii) Advocate with party leaders & policy makers for increased resources on TB, and (iii) Utilize MP fund & *Saansad Adarsh Gram Yojana* to provide financial support to TB patients and families; (iv) Adopt slums/ villages and make them TB-Free; and, review TB control and care work in their constituencies.
- **In the monthly radio broadcast (Mann ki Baat), Prime Minister Shri Narendra Modi said, "Compared to the world we have large number of TB patients in India. We have to defeat TB in India."** Two **parliamentarians raised questions on TB** during the budget session of parliament. Mr. Harish Chandra Meena (parliamentarian from Dausa, Rajasthan) and Mr. Rahul Kaswan (parliamentarian from Churu, Rajasthan) asked questions about the status of TB Treatment and Research in India.

- **31 Legislators from Himachal Pradesh pledged to END TB in Himachal.** As an initiative of Smt. Viplove Thakur, one of the Champion MPs for TB sensitized by CTB, the

Chief Minister Himachal Pradesh Shri Vir Bhadra Singh and the Health Minister Shri Kaul Singh Thakur made a commitment to fight TB in the state. Honourable Chief Minister said, *"Tuberculosis is a big problem and we have a great responsibility for ensuring TB control in the state. People still have lots of misconceptions about TB which is resulting in poor intake of diagnostic services, improper treatment, and lack of adherence to treatment which is making the problem even bigger. Legislators can play an important role for TB control by generating awareness, strengthening infrastructure or community engagement."*



**Figure 4 Himachal Legislator meet (Left to right: Viplove Singh Thakur, Kaul Singh Thakur, Vir Bhadra Singh, Brij Bihari Lal Butail). Photo credit: Challenge TB India.**

- **TB and nutritional support for MDR-TB patients was launched in Himachal Pradesh.** Under the leadership of the Health Minister Shri Kaul Singh Thakur, a Panchayati Raj Institution (PRI) sensitization meeting on TB was conducted in Mandi District. Near 200 PRIs from 55 Gram Panchayats of his assembly constituency were present. On this occasion, the Health minister announced that "the state government has set a target to eradicate tuberculosis (TB) by the year 2025 and was working to achieve the goal". The minister also launched a multi-nutritional supplement distribution system for the MDR-TB patients and said all expenditure would be borne by the state government. The nutritional supplement will be provided through HIMFED shops.



**Figure 5. Himachal Legislator meet panel (Left to right: Viplove Singh Thakur, Kaul Singh Thakur, Vir Bhadra Singh, Brij Bihari Lal Butail, Prem Kumar Duml, Manmohan Sharma). Photo credit: Challenge TB India.**

### III. Empowered Community Voices

CTB brought forward voices of affected community (cured patients and survivors' voices), featured them in digital and Facebook campaigns, and thus recognized each patient as an integral part of the intervention to End TB. Engaging a celebrity patient advocate (Mr Bachchan) helped in not only raising awareness, but also changing attitudes towards TB patients with increased number of cured TB patients sharing their stories and experiences.

- **Five TB survivors, including Mr Amitabh Bachchan, shared their stories at the U.S. Ambassador's reception for the World TB Day.** Deepti Chavan, who fought multi-drug resistant TB (MDR-TB) for six years and now advocates for patients and survivors; Kiran Tailwal, a health worker; Lalita Shankar, a public health specialist and Blessina Kumar, a global TB advocate shared their stories. Their testimonies were a powerful reminder of why the fight to end TB in India is so important, and why we must all work together to reach every person infected with TB, help cure them through timely treatment, and prevent new TB infections.
- CTB organized a **training and empowerment workshop on 'Community voices on TB'** with 30 cured TB patients from across the country. As a result cured TB patients came forward and shared their stories at various advocacy forums organized by Call to Action with relevant stakeholders and in social media. Their stories resulted in total fan base of 8,932 and total engagement viz. likes, shares, comments, clicks etc. increased to 94,203 on Facebook. Sharing his feedback, one cured patient said *"...I learnt from everybody's experiences in this empowerment initiative. I was able to share my experience as well and got more awareness about TB. I will try to support everybody who is surviving from TB"*. Another cured patient shared her experience and said, *"I got the opportunity to know more about TB, this awareness program brought change in my thinking. I would like to support TB patients and will share my story with them. These stories break the silence regarding TB and fight the stigma associated with it"*. While recounting the challenges related to extra-pulmonary TB, TB survivor **Ms. Nandita Venkatesan** said, *"It's high time the spotlight shifts to TB survivors."*
- **Weblinks to the videos and social media campaign are:**  
<https://www.facebook.com/ForTBFreeIndia/videos/626662054174346/>  
<https://www.facebook.com/ForTBFreeIndia/photos/a.580972785409940.1073741828.569145766592642/615307101976508/?type=3&theater>  
<https://www.youtube.com/channel/UCKhBWecsMDL90UAxvIMG-Jw>

### IV. Increased visibility

- Forty Health Reporters from various dailies and news channels - Mint, NDTV, Asian Age, Dainik Bhaskar, Down to Earth, DNA and Hindustan Times were briefed on issues of TB by CTB through media roundtables and direct interviews and outreach. NDTV 24x7 (a leading English News channel) telecasted a programme titled 'TB: India's No-1 Public health problem' on July 22-24. The program also covered The Union's work under Axshya. Ms Sutapa Deb, NDTV's senior journalist, anchored the program. Ms Deb was part of the Media roundtable, organized in New Delhi on May 10 to sensitize the media on TB. <http://www.ndtv.com/video/shows/every-life-counts/tuberculosis-a-major-health-problem-424649>
- **CTB partnered with Radio Mirchi 98.3 FM** to share messages of TB survivors and raise awareness in Delhi and Mumbai. TB survivors (Patient Advocates), Ms. Deepti Chavan and Ms. Prabha Mahesh shared stories of their personal battle with the disease.

Their voices were played along with radio messages from Amitabh Bachchan on recognizing symptoms and completing treatment to prevent drug-resistant TB. Corporate leaders and champions, Mr Vivek Prakash, AVP CSR, Jubilant Life sciences and Mr Chander Agarwal, Joint MD, Transport Corporation of India Limited (TCIL), also reiterated their commitment towards a TB-Free India. On Twitter, Radio Mirchi tweeted about this partnership for TB Free India. The US Ambassador Mr. Richard Verma also appreciated Radio Mirchi for giving a voice to TB survivors. <https://twitter.com/USAmbIndia/status/724530188369989632>

- **The Financial Express carried an OPED on the Call to Action for a TB-Free India** by Jamie Tonsing, Regional Director, The Union South East Asia office and Kavita Ayyagari, Project Director, Challenge TB-The Union. <http://www.financialexpress.com/article/healthcare/happening-now/call-to-action-for-a-tb-free-india/228314/>
- **The quarterly newsletter of Indian Association of Parliamentarians on Population and Development featured "Parliamentarians pledge support to make India TB Free" as the cover story.** Mr Manmohan Sharma, Executive Secretary IAPPD wrote the editorial titled "TB Free India –Reach, Treat, Cure" highlighting the TB situation in India and the urgent need for action from all stakeholders ([http://www.iappd.org/uploads/july-dec-2015 \(eng\).pdf](http://www.iappd.org/uploads/july-dec-2015%20(eng).pdf)).
- **To commemorate the World TB Day 24th March 2016, 'TB News Update' on news concerning Tuberculosis and related issues** was launched for all stakeholders who have been engaged through the Call to Action for a TB-Free India.
- **An outreach campaign, TB-Free India Electronic Direct Mailers (EDMs), featuring TB champions was launched.** This campaign targeted a wide range of audiences viz. students, corporates, professionals by using a series of EDMs and raise public awareness on TB & related issues (including stigma & discrimination) and urged them to join hands with the Call to Action.

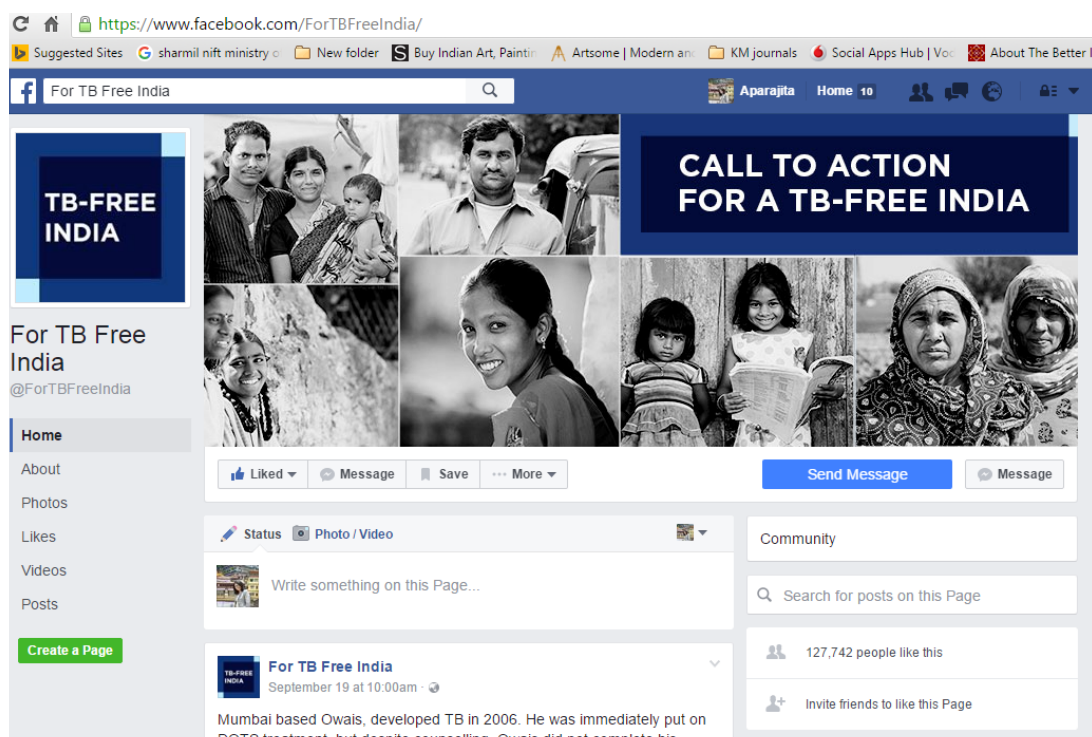


Figure 6 Facebook page of Call to Action Towards a TB-Free India

#	Outcome Indicators	Indicator Definition	Baseline Year/ timeframe	Target	Result
				Y2	Y
7.2.3.	7.2.3. % of activity budget covered by private sector cost share, by specific activity	<p><b>Description:</b> This indicator measures private sector cost share</p> <p><b>Indicator Value:</b> Percent</p> <p><b>Level:</b> National</p> <p><b>Numerator:</b> expenses covered by private sector (Media celebrity appears for TB-Free India TV commercials on pro-bono basis)</p> <p><b>Denominator:</b> Total Expenses of the commercial</p>	Not Applicable	25% of cost for TV commercials (Media celebrity appears for TB-Free India TV commercials on pro-bono basis)	98.9% (1,010,000/1,020,908)
7.2.8.	INDIA SPECIFIC: % of planned organisations represented in the project steering committee (at least 1 each from donor,	<p><b>Description:</b> This indicator measures representation of different sectors in project steering committee</p>	0 (2014)	60%	The Steering Committee for Call to Action envisaged to be formed and led by the Ministry of Health and Family



	private sector, civil society, technical agencies, professional associations)	<b>Indicator Value:</b> Percent  <b>Level:</b> National  <b>Numerator:</b> Number of planned organization having representatives in steering committee  <b>Denominator:</b> Total number of organizations were approached to join in steering committee			Welfare is unlikely to happen. Since many of the planned activities have been implemented, CTB (in discussion with USAID) no longer sees the need for it.
7.2.9.	INDIA SPECIFIC: # media events/stories covering the campaign and the Call to Action Summit	<b>Description:</b> This indicator measures the visibility of the campaign and the buzz created for Call to Action Summit <b>Indicator Value:</b> Number  <b>Level:</b> National	0 (2014)	250	<b>361</b> (Electronic: 14; Print: 71; Online:276)
7.2.10 .	INDIA SPECIFIC: # of content/ materials developed and disseminated with Challenge TB support that are in line with the campaign strategy	<b>Description:</b> This indicator measures number of material developed for campaign under challenge TB <b>Indicator Value:</b> Number  <b>Level:</b> National	0 (2014)	10	<b>78</b> This includes:  Flier=11 (CTB, Union at a Glance, Corporate sector, Private Health Sector dialogue, Medanta-TB-Free Haryana, Parliamentarian meet, Research & Academia, NASSCOM, Civil society, Media, Legislators) CTB One pager=1 Fact sheet=1 Post Card=1 Digital Illustration= 36 Animated GIF's=2 Photo Stories=7 Video Testimonials= 7 Message Map: TB context in India=1 Twitter handle

					@forTBfreeindia=1 Radio Messages=5 Facebook page=1 You Tube Page =1 Button Buddy=1 Photo Jacket = 1 Bag =1
7.2.11	INDIA SPECIFIC: % of Call to Action Summit invitees who attend the summit	<b>Description:</b> This indicator measures number of people attended in the Call to Action Summit <b>Indicator Value:</b> Percent  <b>Level:</b> National  <b>Numerator:</b> Number of people attended the Call to Action Summit  <b>Denominator:</b> Total number people were invited to attend Call to Action Summit	0 (2014)	75%	This has been reprogrammed in discussion with USAID. A Call to Action symposium at the World Conference on Lung Health in Liverpool in October 2016 is planned and it will disseminate the achievements of the Call to Action to the global TB community and highlight new partnerships achieved through the Call to Action.

#### 4. Challenge TB Support to Global Fund Implementation

##### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
Providing universal access to DR-TB control and strengthening civil society involvement-NFM (2015) - <b>World Vision India</b>	B1	B1	\$12 million	\$10 million	\$8 million
Providing universal access to DR-TB control and strengthening civil society involvement-NFM (2015) - <b>The Union</b>	A2	A1	\$52 million	\$44 million	\$37 million
Consolidating and scaling up the revised	B1	A2	\$491 million	\$469 million	\$337 million

national tuberculosis control program (RNTCP) –NFM (2015) - <b>Central TB Division</b>					
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\* Since January 2011

Source: <http://www.theglobalfund.org/en/portfolio/country/grant/?k=f822eb79-9055-4caf-a8d4-09973c8e7b70&grant=IDA-T-WVI>, accessed on October 14, 2016

\*\* Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible.

### **In-country Global Fund status - key updates, current conditions, challenges and bottlenecks**

Global Fund's New Funding Model (NFM) grant started in October 2015 and will continue till December 2017. Grant performances rating of the principal recipients has improved or remained at the previous levels. There have been delays in grant signing and initiation of new activities proposed under the NFM which the projects are hoping catch up in the coming months. Challenge TB is collaborating with the Principal Recipients (The Union and World Vision) and Sub-Recipients of the TB grant in relation to civil society response and actions for a TB-Free India.

### **Challenge TB involvement in GF support/implementation and any actions taken during Year 2**

The Union is one of the Principal Recipients (PR) for the Global Fund TB grants in India, and CTB is in regular contact with the Global Fund country team.

Challenge TB is exploring possibilities to add MDR-TB component in the ongoing GF project implemented by The Union. Possible interventions could include offering GeneXpert testing for patients in the private sector at high risk for DR-TB, improving treatment outcomes for DR-TB patients through counselling, use of ICT tools to remind patients to take their medicines, attend follow-up visits, and respond to their concerns and queries.

## 5. Challenge TB Success Story

### Increasing the visibility of TB in India

India accounts for more than one quarter of the world's TB cases and deaths, but while other diseases such as dengue fever are talked about extensively in the media (creating pressure on the public administration and the Government to step up efforts to control these), there is no such focus on TB. There is also very little focus on patient/survivor stories

and voices. To turn this situation around, Challenge TB engaged Shri Amitabh Bachchan (Indian Actor and Star) to highlight the fact that TB as a public health emergency and it concerns everyone in the country.



**Figure 7 Celebrity involvements in Social media**



**Figure 8 Medanta- Mission TB Free Haryana**

Mr Bachchan's participation has resulted in one of the largest private hospitals in India, launching a state wide mobile diagnostic van and announcing 'Mission TB Free Haryana' across the 21 districts in the state. The van visits the peripheral areas of Haryana with people out of the 3899 examined have been diagnosed with TB.

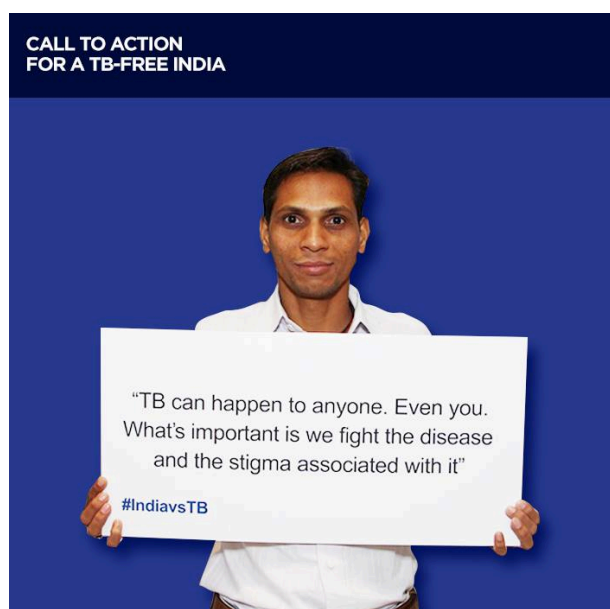
Mr Bachchan also tweeted and talked about his engagement with the Call to Action on his popular Facebook page & twitter handle. His post on the 'Call to Action for a TB-Free India' Facebook page reached 611,000 people and 22.8 million followers on Twitter.

In the mainstream media, the engagement of Mr Bachchan for a TB-Free India has generated widespread coverage. Articles and news stories in leading newspapers and on television have moved beyond statistics and talk about the impact of TB on women and

children, the socio-economic effects of the disease, the discrimination faced by TB patients and perhaps most importantly survivor stories.

Mr Bachchan's admission that he too was a TB survivor empowered several other cured patients to come forward and talk about their experience. Challenge TB also funded an empowerment workshop and training for cured TB patients. 30 cured patients were trained, seven of whom have chosen to share their stories and names. TB survivors Deepti, Jyoti, Vinod, Prabha, Neha, Nandita and Anil were brave enough to speak at stakeholder engagement events, media events and in videos on YouTube, Facebook and Twitter.

This is just the beginning, but the involvement of celebrities and patient voices is already helping to raise the visibility of TB and bring this deadly disease and its impact to the forefront.



**TB Survivor: Anil**



**TB Survivor: Deepti**

**Figure 9 TB survivors share their stories**



## 6. Key Challenges during Implementation and Actions to Overcome Them

Challenge	Actions to overcome challenges
<b>Technical</b>	
Engaging the private doctors requires multiple visits, relationship building and incentive based partnership such as free diagnostics which can in-turn improve the practice of the engaged providers	Using the experience from APA2 and leveraging the experience with private sector for the TB program (PPIA), PATH will plan early networking with the private sector through exploration visits and collaborating with the district and state government officials
Stigma related to HIV infection is a strong barrier to widespread / universal testing	Physician initiated testing through behavior change and networking with the doctors through PATH's expertise in Private sector
Absence of baseline data for TB/HIV in private sector in India makes it a challenge to measure our success rate	Information captured by the PPIA intervention and APA2 will help form a baseline for APA3 work.
Lack of long-lasting public-private partnerships in the past, acted as hurdle to new engagements between the two health sectors. This is mainly due to strict policies and guidelines of public sector programs that doctors in private sector are not accustomed to adhere.	PATH acted as an interface between the public and private sector providers to begin forging relationships through MoUs and establishing referral linkages for patients from private to public health systems. PATH also conducted interaction sessions between public and private laboratory technicians and healthcare providers to develop trust and ensure smooth processes.
<b>Administrative</b>	
Despite regular follow up with the Ministry of Health and Family Welfare, the Steering Committee for Call to Action, envisaged to be formed and led by the Ministry of Health and Family Welfare, didn't progress.	Since many of the planned activities have been implemented, CTB (in discussion with USAID) no longer sees the need for the Steering Committee.
Five consultants were to be recruited and placed at Central TB Division to assist with PMDT activities of the RNCTP. However, this process was delayed due to Government's directive restricting hiring of technical consultants through externally funded agencies.	The Central TB Division is seeking necessary approvals to recruit the consultants. This is expected to be done by Q2, Year 3.
Introduction of BDQ to patients eligible has been delayed	Only 56 Patients have been recruited so far. This was after criterion for eligibility was relaxed by the GOI / WHO/ Expert committee.
Sub-contracting processes with the local organizations/hospitals for initiating the reimbursement processes is time consuming and delays planned implementation of activities in the field.	With first years' experience, PATH is now well versed with the CTB guidelines for sub-contracting and further training sessions will be carried out for important office operations. PATH will adopt CBO- facilitated model for APA3 which will smoothen the engagement of private facilities.
Delay in signing of year 2 MOU: The year 2	Approval of APA 3 activities and related fund release

MOU and related approval of activities was communicated in the Q2 of the project year. This also led to delays in fund availability for starting activities in the new 5 sites of the project; as such activities could be started at 3 new sites in Q3 of the project and another 2 site in Q4 of the project. Further, at two of the sites there were delays on the part of State governments in giving us a go ahead for the project activities, in spite of proactive engagement by FIND and NTP. These site were relocated after taking necessary approvals from PMU	to be undertaken in a timely manner.
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## 7. Lessons Learnt/ Next Steps

### The Union:

- Engaging the Government at the highest level led to ownership of the Call to Action for a TB-free India Campaign by the Government of India. This resulted in participation from the Minister of Health at the launch, regular review of progress in stakeholder engagement by the Ministry of Health and the featuring of TB prominently in *Mann ki baat* (monthly radio broadcast) by The Prime Minister of India.
- Engagement of Mr Bachchan as a TB survivor helped increase visibility of TB across media. Celebrity engagement with Mr Bachchan will continue in Year 3. A national campaign featuring Mr Bachchan will address the issue of early diagnosis and complete treatment and prevention of MDR-TB
- Technical assistance to roll out shorter regimens and new drugs will be an important focus in year 3. This should be done with support for patients' treatment adherence to prevent development of pre-XDR and XDR-TB.
- CTB will advocate with the parliamentarians to form an India TB caucus.
- A workplace policy on TB will be drafted with the International Labor Organization (ILO).

### FIND:

- With the interventions being stabilized in four of the existing nine cities, activities at these sites need to be smoothly handed over to RNTCP. This transition of the paediatric TB project activities is planned in a phased manner by the end of Q1 of year 3 of the CTB project followed by transition of remaining five sites to the NTP in Q4 of year 3.
- Over the next project year, the scope of sensitization efforts would be extended to paediatricians and other providers to include a more comprehensive management of Paediatric TB.
- The current advocacy efforts for demand generation would be strengthened under the project by complementing the field efforts with mapping and analytical tools.
- It is planned to undertake necessary analytical work on the extensive project data including provider interviews and document the project learnings, for broader dissemination of project interventions for potential replication.



**PATH:**

- Private healthcare sector engagement for HIV testing especially amongst TB patients was one of the crucial steps for India to achieveing the first 90 (of 90-90-90 UNAIDS strategy for elimination of HIV/AIDS) in Mumbai city). During the current year, PATH achieved the project-specific targets by screening 2,295 TB patients from 24 private hospitals.
- PATH will further expand to 6 new private hospitals in Mumbai, 12 in Thane district and 6 in Pune district of Maharashtra to screen another 2,520 TB patients for HIV infection.
- PATH will continue to engage with the private health sector to screen the TB diagnosed patients for HIV, link to the public sector, and further provide adherence support to the TB patients screened under CTB.

## Annex I: Year 2 Results on Mandatory Indicators as well as National Data on the Number of pre-/XDR-TB Cases Started on Bedaquiline or Delamanid

<b>MANDATORY Indicators</b>				
<i>Please provide data for the following mandatory indicators:</i>				
<b>2.1.2 A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA investment 2</b>	<b>Additional Information/Comments</b>
<b>Score</b> as of September 30, 2016	2	N/A	None	2= Operational plan available and follows standard technical and management principles of a quality work plan required for implementing the necessary interventions to build and strengthen the existing TB laboratory network
<b>2.2.6 Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA investment 2</b>	<b>Additional Information/Comments</b>
<b>Number and percent</b> as of September 30, 2016	100 (37/37)	N/A	None	100% (37/37) per RNTCP LQMS. National LQMS does not involve use of GLI/SLMTA scoring system. There are 6 NRLs and 31 IRLs. Lab quality control guide line is available at <a href="http://tbcindia.nic.in/pdfs/RNTCP%20Lab%20Network%20Guidelines.pdf">http://tbcindia.nic.in/pdfs/RNTCP%20Lab%20Network%20Guidelines.pdf</a>
<b>2.2.7 Number of GLI-approved TB microscopy network standards met</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA investment 2</b>	<b>Additional Information/Comments</b>

<b>Number of standards met as of September 30, 2016</b>	N/A	N/A	<b>None</b>	Not Applicable as RNTCP has its own certification system
<b>2.3.1 Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.</b>	<b>National 2015</b>	<b>CTB 2015</b>	<b>CTB APA 2 investment</b>	<b>Additional Information/Comments</b>
<b>Percent (new cases), include numerator/denominator</b>	U	U	Moderate	Source for national data is the RNTCP annual report which does not provide break up by new and previously treated cases. Source for CTB data is from FIND paediatric TB project in seven cities till June 2016. Data is only for paediatric cases. Data on Jul-Sept 2016 is not available till date.
<b>Percent (previously treated cases), include numerator/denominator</b>	U	U		
<b>Percent (total cases), include numerator/denominator</b>	8.5% (28876/339478)	(1621/20925)		
<b>3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach</b>	<b>National APA2</b>	<b>CTB APA2</b>	<b>CTB APA 2 investment</b>	<b>Additional Information/Comments</b>
<b>Number and percent</b>	U	2146	<b>Limited</b>	Source for CTB data is from FIND paediatric TB project in seven cities.
<b>3.1.4. Number of RR-TB or MDR-TB cases notified</b>	<b>National APA2</b>	<b>CTB APA2</b>	<b>CTB APA 2 investment</b>	<b>Additional Information/Comments</b>
<b>Total 2015</b>	28876	134	<b>Limited</b>	CTB APA 2 data is from FIND project sites among children (0-15 years) National level data will be available in March 2017 in RNTCP Annual report. Quarter wise break up is not available for the national data
<b>Jan-Mar 2016</b>	U	50		
<b>Apr-June 2016</b>	U	55		
<b>Jul-Sept 2016</b>	U	41		
<b>To date in 2016</b>	U	146		
<b>3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban</b>	<b>National 2014 cohort</b>	<b>CTB 2014 cohort</b>	<b>CTB APA 2 investment</b>	<b>Additional Information/Comments</b>

slums, etc.).				
Number and percent of TB cases successfully treated in a calendar year cohort	Getting from WHO	N/A	None	
<b>3.2.4. Number of patients started on MDR-TB treatment</b>	<b>National 2014 cohort</b>	<b>CTB cohort 2014</b>	<b>CTB APA investment 2</b>	<b>Additional Information/Comments</b>
<b>Total 2015</b>	16966	110	<b>Limited</b>	CTB APA 2 data is from FIND project sites among children (0-15 years), Last quarter data is still not available. National level data will be available in March 2017 in RNTCP Annual report. Quarter wise break up is not available for the national data
<b>Jan-Mar 2016</b>	U	39		
<b>Apr-June 2016</b>	U	41		
<b>Jul-Sept 2016</b>	U	U		
<b>To date in 2016</b>	U	80		
<b>3.2.7. Number and percent of MDR-TB cases successfully treated</b>	<b>National 2013 cohort</b>	<b>CTB cohort 2013</b>	<b>CTB APA investment 2</b>	<b>Additional Information/Comments</b>
Number and percent of MDR-TB cases successfully treated in a calendar year cohort	Getting from WHO		None	
<b>5.2.3. Number and % of health care workers diagnosed with TB during reporting period</b>	<b>National 2015</b>	<b>CTB 2015</b>	<b>CTB APA investment 2</b>	<b>Additional Information/Comments</b>
Number and percent reported annually	U	N/A	None	
<b>6.1.11. Number of children under the age of 5 years who initiate IPT</b>	<b>National 2015</b>	<b>CTB 2015</b>	<b>CTB APA investment 2</b>	<b>Additional Information/Comments</b>
Number reported annually	U	N/A	None	NTP does not report data on children aged under 5 years, initiated on IPT.

<b>7.2.3. % of activity budget covered by private sector cost share, by specific activity</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Percent as of September 30, 2016 (include numerator/denominator)</b>	N/A	98.9% (1010000/1020908)	<b>Limited</b>		Private sector cost share includes:GOI Radio Airtime, Amitabh Bachchan time cost, Radio Mirchi air time. This is for TB Free India campaign for celebrity engagement in media
<b>8.1.3. Status of National Stop TB Partnerships</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Score as of September 30, 2016</b>	0	N/A	<b>None</b>		0= no National Stop TB Partnership exists
<b>8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Percent as of September 30, 2016 (include numerator/denominator)</b>	N/A	Samhita: 25% others (IAPPD, DDB-Mudra): Unknown	<b>Limited</b>		Annual data collection tool was shared with local partners (Samhita, DDB-Mudra, IAPPD). However, only Samhita shared their non-USG funding, i.e 25% of total operating budget
<b>8.2.1. Global Fund grant rating</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Score as of September 30, 2016</b>	1. Central TB Division: A2 2. World Vision India: B1 3. The Union: A1	N/a	<b>None</b>		There are three Principal Recipients with different ratings averaging out to B1.  1. Central TB Division: A2 2. World Vision India: B1 3. The Union: A1
<b>9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Number as of September 30, 2016</b>	N/A	N/A	<b>None</b>		Data not available (not published in RNTCP reports)

<b>10.1.4. Status of electronic recording and reporting system</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Score as of September 30, 2016</b>	3	N/A	None		3=a patient/case-based, real-time ERR system functions at national and subnational levels for both TB and MDR-TB.
<b>10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Yes or No as of September 30, 2016</b>	No	N/A			RNTCP has no plans for certification of surveillance system
<b>10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
Percent as of September 30, 2016 (include numerator/denominator)	U	N/A	None		
<b>10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>2</b>	<b>Additional Information/Comments</b>
<b>Yes or No as of September 30, 2016</b>	U	N/A			
<b>11.1.3. Number of health care workers trained, by gender and technical area</b>	<b>CTB APA 2</b>			<b>Total # trained in APA 2</b>	<b>Total # planned trainees in APA 2</b>
	<b># males trained APA 2</b>	<b># females trained APA 2</b>			
1. Enabling environment			0		
2. Comprehensive, high quality diagnostics			0		
3. Patient-centered care and treatment	20	35	55		20
4. Targeted screening for active TB					
5. Infection control					

6. Management of latent TB infection				
7. Political commitment and leadership	18	9	27	
8. Comprehensive partnerships and informed community involvement				
10. Quality data, surveillance and M&E				
11. Human resource development	2	2	4	
Other (explain)				
Other (explain)				
<b>Grand Total</b>	40	46	86	
<b>11.1.5. % of USAID TB funding directed to local partners</b>	<b>National APA 2</b>	<b>CTB APA 2</b>	<b>CTB APA 2 investment</b>	<b>Additional Information/Comments</b>
Percent as of September 30, 2016 (include numerator/denominator)	N/A	6.66% (404600.6/60789 63)	Limited	Total amount directed to local partners (Samhita, DDB mudra and IAPPD) is \$399786 till Sept., whereas total for the Union is \$5,853,114. For PATH total budget was (\$225,849) and they disbursed amount to Local partners is \$4814.61 till August 2016.
<b>Year/Quarter</b>	<b>Number of pre-/XDR-TB cases started on BDQ nationwide</b>	<b>Number of pre-/XDR-TB cases started on DLM nationwide</b>	<b>CTB APA 2 investment</b>	<b>Additional Information/Comments</b>
<b>Total 2014</b>	N/A	N/A	Limited	This data is from the six sites participating in the Bedaquiline conditional access program
Total 2015	N/A	N/A		
Jan-Mar 2016	0	N/A		
Apr-Jun 2016	2	N/A		
Jul-Aug 2016	54	N/A		
To date in 2016	56	N/A		

Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)							
		Reporting period					CTB APA 2 investment
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area ( <i>List each CTB area below - i.e. Province name</i> )	Delhi, Hyderabad, Chennai, Kolkata, Nagpur, Surat, Visakhapatnam, Bangalore and Guwahati(FIND-CTB project sites) and 24 private health facilities in Mumbai, Maharashtra (under PATH-CTB project)					
	TB cases (all forms) notified for all CTB areas	1831	2215	2348	2047	8441	
	All TB cases (all forms) notified nationwide (denominator)	N/A	N/A	N/A	N/A	N/A	
	% of national cases notified in CTB geographic areas	N/A	N/A	N/A	N/A	N/A	
Intervention (setting/population/approach)							
Children (0-14)	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention	396	560	672	518	2146	
	All TB cases notified in this CTB area (denominator)	N/A	N/A	N/A	N/A	N/A	
	% of cases notified from this intervention	N/A	N/A	N/A	N/A	N/A	
Reported by private	CTB geographic focus for this intervention						



providers (i.e. non- governmental facilities)	TB cases (all forms) notified from this intervention	1435	1655	1676	1529	6295	
	All TB cases notified in this CTB area (denominator)	N/A	N/A	N/A	N/A	N/A	
	% of cases notified from this intervention	N/A	N/A	N/A	N/A	N/A	
Choose an item.	CTB geographic focus for this intervention						0
	TB cases (all forms) notified from this intervention						0
	All TB cases notified in this CTB area (denominator)						0
	% of cases notified from this intervention	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

## Annex II: Status of EMMP activities

Year 2 Mitigation Measures	Status of Mitigation Measures	Outstanding issues to address in Year 3	Additional Remarks
Biomedical waste material including infectious material, sputum cups/GeneXpert cartridges	<p>Biomedical waste disposal is handled by RNTCP authorities of the institution where the CBNAAT lab has been established.</p> <p>All infectious material including sputum cups, used Xpert Cartridges and other lab consumable used for testing are sterilized by autoclaving by RNTCP lab staff before handing over to biomedical waste management agency, as per institution and RNTCP norms.</p>	No issues	Biomedical waste management is handled by institutional authorities as per national norms under RNTCP
Small-scale construction	Not applicable	Not applicable	
Public health commodities	Xpert cartridges procured under the project are stored at the labs, as per the National guidelines which are in sync with international norms. No Issues	No Issues	